Promoting Inclusion and Exploring Supports for Children with Specialized Needs in Early Childhood Education Settings: Recommendations to Prevention Suspension and Expulsion

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Chapter 1: Project Introduction

Overview

As part of Vermont's Preschool Development Birth through Five (PDG B-5) grant, Drs. Meyer, Wood, and Northey led The Promoting Inclusion and Exploring Supports (PIES) Project to assess supports for children with specialized needs in Vermont's early childhood education (ECE) settings from multiple stakeholder perspectives. Perspectives included families with children identified as having specialized needs, professionals engaged in the field of early childhood education, Vermont state leaders, and leaders from other states recognized as innovators in this area.

The PIES Project represents a joint effort between Vermont's Child Development Division (CDD) and University of Vermont's (UVM) Department of Education, and the Center on Disability and Community Inclusion (also at UVM). Drs. Meyer, Wood, and Northey (hereafter referred to as the research team) from UVM met with state leaders from CDD throughout the project's time frame to incorporate their iterative feedback on intermediary steps in the research process. At the project's onset, the research team presented a series of research activities and received feedback and input from CDD leadership. As a result, the final set of research activities represents contributions from both the UVM research team and CDD leadership. In particular, CDD leaders were instrumental in selecting other states to target for the state leader interviews, assisting with recruitment processes for parent and family interviews, and recommending provider groups to interview.

Scope of the Problem and Associated Research Activities

Young children (defined in this report as birth to five) with specialized needs and their families were the target population for the PIES Project. An estimated 13–15 percent of children younger than six have specialized health needs that may require services. However, fewer than six percent receive special education and related services under the federal Individuals with Disabilities Education Act program (CDD-ASCSN RFP). Children with specialized needs, including those with identified disabilities or developmental delays, are particularly vulnerable to suspension and expulsion and face challenges accessing safe, high-quality childcare. When young children experience suspension or expulsion from early care and learning settings, they lose chances to learn, socialize with other children, and interact with a positive adult role model. They miss opportunities to develop and practice skills they may most need, including social emotional skills. Further, it may contribute to ongoing behavior problems leading to later school difficulty. Families also experience a negative emotional and financial impact when their children are suspended and expelled.

In recognition of the detrimental effects of suspension and expulsion on children and their families, in the past five years, there has been a widespread national commitment to raising awareness and prevention of suspension and expulsion in early childhood education settings, as evident in Head Start's updated Performance Standards (2016), NAEYC's policy statement (2016), and a joint policy statement from the US Departments of Education and Health and Human Services (2016). However, one of the most significant actions has been the reauthorization of the Child Care Development Fund (CCDF; CCDB Grant Act of 2014), whose

final rules require states to use part of their funding to engage in quality improvement activities and dissemination of information aimed at reducing expulsion.

The overarching goals of the PIES project was to better understand the supports and services that are available to children with specialized needs and their families, across agencies, in the context of accessing early care and learning opportunities in Vermont. This goal was achieved through the following activities:

1. Conducting a comprehensive literature review on the risk and protective factors associated with the use of suspension and expulsion of young children with specialized health needs, including implementation models and policy initiatives in other states.
2. An innovatory of resources available in Vermont to support the ECE system.
3. Understanding the strengths and limitations of the current ECE system from the point of view of providers.
4. Understanding the strengths and limitations of the current ECE system from the point of view of parents.
5. Learning from the experiences of two other states that have implemented reforms to their ECE systems.

Notes on Terminology

The topic of interest in this report is situated at the intersection of multiple professional perspectives and service delivery systems (e.g. early childhood education, early childhood special education, early intervention, and early childhood family mental health). As such, some phrases are used interchangeably throughout the report as it mirrors stakeholders' use of language as they shared their stories with us.

First, the population of focus on this project was children with specialized needs who often attend specialized childcare settings. Within these settings, children considered as having "specialized needs" includes those who:

1. Live in families with open cases with DCF's Family Services Division,
2. Live in families experiencing significant stress in areas such as shelter & safety, and
3. Children with special physical, behavioral, or developmental needs.

In our project, some stakeholders discussed "children with specialized health needs." Children with specialized health needs include children with complex histories, chronic health conditions, and/or developmental disorders. They are included in the definition of "specialized needs" noted above. What is most important to note, is that each group of children captured within the term "specialized needs" includes a range of children who are unique and distinct from one another. Throughout the report, the term "children with specialized health needs" is used along with "children with specialized needs."

Additionally, throughout the report many terms are used to reference settings where children are educated in their earliest years. Many terms are used to describe these settings, some include "early childhood education (ECE)," and "early care and learning." When we refer to

either of these phrases, we are speaking about programs across auspices for children birth to age 5 (e.g., public Pre-K, center- and home-based childcare, Head Start and Early Head Start). When referring to specific types of programming, we name it appropriately.

Report Organization

Due to the scope of the project and the tight timeline within which the activities needed to be completed, the research team divided the research activities between themselves. While the team met throughout the timeline of the project to coordinate their activities and share emerging findings, each researcher utilized different methodological procedures based upon the needs of their specific research activity and their area of expertise. Where one of the research team members is the lead on a piece of the study, their authorship of specific chapters on those findings is noted. Where no authorship is noted, such as this chapter, all three authors contributed equally.

In order to situate the Vermont findings within a broader context, the authors lead with the literature review in chapter two. Chapters three through six summarize the findings from the novel data collection efforts undertaken as part of this project. Within those chapters, you will find notes on the methodology used to gather data and a summary of the results. In chapter seven, the authors conclude with a conclusion and a summary of our recommendations to the state of Vermont on how to strengthen the early learning and childcare system based upon the research activities.

Limitations

There are two primary limitations that impacted the work of this project and the results reported here within. The first is the short timeline of the project (Jan - March 2021). Please note that, in some cases, due to this limitation, data analyses should be considered preliminary. This is especially true as it relates to qualitative data findings, as the authors have only completed a first pass at coding the qualitative data. It is likely that a more thorough examination of the data gathered and the application of more rigorous qualitative coding methods will reveal additional themes and connections within the data. That being said, the authors have only presented findings here within that they have full confidence are supported by the data gathered and literature reviewed.

The second limitation is that this research was conducted during the COVID-19 pandemic. The authors feel this is important to note because the research team had to adapt their data collection efforts in light of the challenges brought on by the pandemic. For example, whereas the focus group efforts typically would have occurred in person across the state, the focus group efforts were conducted virtually. It is beyond the scope of this report to discuss in detail the pros and cons of these differing approaches (i.e., in-person vs. virtual focus groups). However, as an example of the impact of COVID-19 on the research activities, the researchers do want to acknowledge that while virtual focus groups may allow some providers an opportunity to participate that otherwise would not, many teachers and childcare providers were also experiencing virtual meeting fatigue and may have chosen not to participate.

Significance

This report represents a summary of the perspectives and experiences of Vermonters who work in Vermont's early childhood education system and the children and families their work supports. The perspectives and experiences of those involved with Vermont's ECE system are linked to evidence based practices in the literature and practices in other states. Taken together, this report empowers state leaders with options for improving access to early childhood education in our state, especially for our most vulnerable Vermonters - young children with specialized health needs. The authors hope this report is not only informative to state leaders, but transformative in their approach to this work.

Overview

This chapter presents a synopsis of conclusions and recommendations for the State of Vermont based on the PIES project's overall learnings. These recommendations vary in scope, but are all informed by the various perspectives and data gathering efforts undertaken as part of the project. These perspectives include best practices in the literature, promising practices in other states, Vermont families' experiences, experiences of Vermont providers, and Vermont state leaders and personnel. First, conclusions situated in the literature are presented. Second, recommendations are presented. The recommendations are written using plain language to support sharing disseminating the project's findings. For more information on the importance of using plain language, see Green Mountain Self-Advocates resources on working with individuals with disabilities (https://gmsavt.org/getting-your-message-across-communicating-with-people-with-intellectual-disabilities/).

Conclusion: Linking Suggestions to Best Practices

A review of the literature suggested that parents of a child with specialized needs experience unique challenges compared to families without a child with specialized needs (Ceglowski et al., 2009; Meek & Gilliam, 2016; Nova, 2020; Weglarz-Ward et al., 2018). The research acknowledges that there are systemic issues due to the siloed nature of the ECE field that place children with specialized needs at higher risk of suspension and expulsion than other children.

States should create policy that centers the inclusion of children with specialized needs and prohibits expulsion. Head Start has done this at a federal level and some states, such as Colorado, have followed suit. Removing suspension and expulsion as options requires resourcing the intersecting systems of care so they can collaborate with parents (Weglarz-Ward et al., 2018), utilize early childhood mental health consultation (Meek & Gilliam, 2016), and refer children for an evaluation to qualify for services under IDEA (National Center on Early Childhood Health and Wellness, 2019).

The absence of uniform policies across ECE settings is associated with disproportionate rates of suspension and expulsion among social groups, such as those with specialized needs (Meek & Gilliam, 2016). While leaders in Arkansas weren't able to create a unified suspension and expulsion policy that could apply to all settings, they set a clear expectation that it was not okay to discriminate against children due to how they paid for care. Policy variation regarding the preparation and qualifications of the ECE workforce by setting influences whether or not settings can meet the needs of all children. This can leave parents feeling uncertain about the center's ability to take care of their child. In Vermont, this is further complicated by the shortage of early childhood slots available for children.

Many parents who participated in this project identified that, if their child was suspended or expelled from their ECE setting, families struggled to find another childcare placement. Two of the mothers interviewed reported having to change when they work or the number of hours they work. Two of the mothers in the study also reported that they are actively looking for

childcare right now and "it's impossible to find." It is important to note that one of the many impacts of COVID-19 has been the issue of women exiting the workforce, either due to lost employment or due to school closures and the need to support their child's remote learning (Power, 2020). When families struggle to find childcare for their child, the burden of that struggle most often impacts the mother's ability to work, which has implications for families and the state's economy.

Additionally, the uneven policy landscape in ECE may result in parents not being aware of the services and supports that are available to them. Arkansas and Colorado both aimed to inform and empower families by providing resources and offering supports to parents as they helped meet the needs of children with challenging behaviors. Providing easier access to additional supports, such as 1:1 aides, is reflected in early PBIS models as a Tier 3 (intensive, individualized) support, which have been shown to be effective for students with developmental disabilities, autism, emotional and behavioral disorders, or those without a diagnostic label, but who are exhibiting behavioral health needs in the classroom (Center on PBIS, 2021). Lowering student to teacher ratios has been linked to a reduced likelihood of utilizing suspension and expulsion in ECE settings, possibly by lowering teachers' stress levels (Essa et al., 2008; Gilliam & Shahar, 2006). Lowering student to teacher ratios also allows for more individualized student attention.

If an expulsion is imminent, there are still services and supports that should be made available to families. The literature suggests it is a best practice to create a process for a "warm handoff" to services that help connect the parent to an alternative childcare placement (DeVore & Bowers, 2006; Stegelin, 2018). Given the difficulty in navigating the intersection of availability, affordability, location, and provider knowledge for caring for a child with a specialized need, it becomes clear that many of these families face tough choices between finding high quality, out-of-home care that allows them to participate in the workforce or exiting the workforce to stay home with their child.

One of the best approaches to limiting suspension and expulsion is to build the capacity of the ECE workforce. Adults determine disciplinary action. Multiple studies included in the literature review for this project (see Chapter 2 for more information) found that professional development was a core component of building an inclusive ECE system. Especially if that training focused on children's social and emotional development, support for implementing interventions with children with specialized needs (Longstreth, Brady, & Kay, 2013), and training on special education (Weglarz-Ward et al., 2018). This body of work is why states, such as Arkansas and Colorado, have adopted preventative models (like Vermont's Early MTSS) that focus on changing the behavior of adults rather than targeting the child demonstrating challenging behaviors.

The literature also highlights the importance of "teaming" around a child with a specialized need. Researchers have made recommendations regarding who should be included in a team and identified the interpersonal factors that are integral to successfully supporting a child and their family (see Chapter 2). It is also important that teachers have the cognitive bandwidth to embrace the evidence based best practice of a collaborative teaming approach with other professionals that are supporting the child, such as early interventionists, early childhood mental

health consultants, and early special educators (Cameron & Tveit, 2019; Davis, Perry, & Rabinovitz, 2020; DeVore & Russell, 2007).

Lastly, it is important that Vermont is able to gather and analyze data on suspension and expulsion from across ECE settings. The literature review identifies some indicators that states can gather to keep an eye on predictors and rates of suspension and expulsion. The case study of Colorado demonstrates that one sector of the ECE system, by itself, is unlikely to gather data that describes trends in the state in meaningful ways. Arkansas' Behavior Help Data System, which allows data to be added by anyone involved in processing and overseeing a referral (e.g., the state personnel, intervention program coordinators, and consultants), centers and best supports the child so they don't fall through the cracks if they switch to a new ECE setting. A data system should serve all children and the data should be used to help improve the entire ECE system and direct public investments to what works. For example, in Arkansas, the success of the State's early childhood mental health consultation program Project Play led the state to double the program's funding, allowing them to serve more children, families, and providers (Stegelin, 2018).

Issues of accessibility and inclusion sit at the intersection of a child's right to inclusion in any ECE setting and a parent's right to work. As one parent shared, "We are so fortunate to have found a great center. But it wasn't easy and I see why parents who have kids with more severe disabilities are forced to stay home." Vermont must do more to ensure that parents of children with specialized health needs have access to early childhood education settings where their children thrive, which in turn, ensures that parents, especially women, have the opportunity to pursue their careers.

Recommendations

Creation of Inclusion-Centered Policies

- Inclusion of children with specialized health needs in early childhood education settings should be the norm, not the exception. This should be supported in state level policy.
- The ADA and IDEA both provide legal protections for individuals with disabilities. Therefore, Vermont early childhood education providers should be resourced to support **all** children and families seeking care, including those with specialized health needs.

Create a Data System

- Children with specialized health needs often receive care across multiple early childhood education settings and providers. For example, they may access publicly funded PreK and attend private childcare. These systems are governed by different agencies in Vermont. Therefore, Vermont should invest in a data system that can function across those multiple agencies.

Professional Development System

- Professional development [PD] opportunities should be accessible to teachers that work in all the different early childhood education and care settings. Vermont should create a single, integrated PD system so teachers in all settings can access high quality trainings. An integrated PD system would support collaboration across multiple agencies and improve data collection on the ECE workforce.

- As part of the creation of an integrated PD system, teachers should have access to a variety of learning opportunities that meet them where they are at in their learning (ex. beginner to advanced training). This will allow the ECE workforce to grow their expertise and increase their confidence in supporting all children, including those with specialized health needs.

- Teachers are expected to know how children learn and develop. But not all teachers learn about child development in the context of disability issues. Regulations should address that gap in knowledge by requiring a subset of the required PD hours be devoted to topics on social-emotional learning or supporting children with specialized health needs.

Workforce
- ECE teachers should earn a living wage and have access to health benefits without families footing the bill.
- In order to support all children in their ECE settings, professionals need to be supported, too. One best practice found in this study was the use of early childhood mental health consultants who provided support to children AND their teachers. When teachers' well-being is supported, they are better able to support all children in care, including those who may have challenging behaviors. Vermont should strengthen the partnership between early childhood mental health and the ECE workforce by implementing this dual support model.

Vermont Early MTSS
- The implementation of Early MTSS is a best practice for supporting children with challenging behaviors. Currently, Vermont supports the implementation of PBIS in K-12 schools. Vermont should invest in a state-wide effort to expand Early MTSS practices in ECE settings for young children to help prevent suspension and expulsion of at-risk children, including those with specialized needs.

Evaluating Use of One-on-Ones in Early Care and Learning Settings
- We know that not every child with a specialized need will require one-on-one adult support to be successful in their ECE setting. However, some do. Vermont should

explore cases in which one-on-one adult support is being utilized to better understand the key issues and needs underlying the use of one-on-ones. It is possible that the needs of some of these students could be met with less intensive supports. However, these less-intensive supports are lacking in the current ECE system, leaving one-on-ones as a "catch all" resource to support children.

Create a Process for a Warm Handoff
- Many families are left out in the cold when their child is expelled from their early childhood education placement. Vermont should create a process for a "warm handoff" when it is known that a child will be expelled. When a provider is making this decision, there should be a process in place for contacting childcare resource experts that can connect with the families and help guide them to an alternative care arrangement.

Collaboration
- Collaborations within and across state agencies strengthen the ECE system and lead to new projects and improvements in the lived experiences of children, families, and the ECE workforce. When state leaders and personnel understand the different sectors of the system and work together to overcome challenges, they begin to value all perspectives and design policies, programs, and initiatives that can be implemented across settings. Vermont should examine the mechanisms for interagency collaboration that currently exist at local (ex. county) and state levels and invest time in growing cross-agency understanding of each other's roles and purview.

References

Americans with Disabilities Act (1990). USC 42 § 12101 et seq., Pub. L. No. 101-336.

Bennett, F. C., & Guarlnick, M. J. (1991). Effectiveness of developmental intervention in the
    first five years of life. *Pediatric Clinics of North America, 38*, 1513-1528.

Booth-LaForce, C. & Kelly, J. (2004). Childcare patterns and issues for families of preschool
    children with disabilities. *Infants and Young Children, 17*(1), 17 – 31.

Cameron, D. L., & Tveit, A. D. (2019). 'You know that collaboration works when . . .'
    identifying the features of successful collaboration on behalf of children with disabilities
    in early childhood education and care. *Early Childhood Development and Care, 189*(7),
    1189-1202.

Campbell, F. A., & Ramey, C. T. (1994). Effects of early intervention on intellectual and
    academic achievement: A follow-up study of children from low-income families. *Child
    Development, 65*(2), 684-698.

Carlson, J. S., Mackrain, M. A., Van Egeren, L. A., Brophy-Herb, H., Kirk, R. H., Marciniak,
    D., … Tableman, B. (2012). Implementing a statewide early childhood mental health
    consultation approach to preventing childcare expulsion. *Infant Mental Health Journal,
    33*(3), 265-273.

Ceglowski, D. A., Logue, M. E., Ullrich, A., & Gilbert, J. (2009). Parents' perceptions of
    child care for children with disabilities. *Early Childhood Education, 36*, 497-504.

Center on the Developing Child (2019). ACEs and toxic stress: Frequently asked questions.
    Retrieved March 20, 2021 from https://developingchild.harvard.edu/resources/aces-and-
    toxic-stress-frequently-asked-questions/.

Center on Positive Behavioral Interventions & Supports. (2021). *What is Tier 3 Support?*
    Accessed on March 26, 2021 from
    https://www.pbis.org/pbis/tier-
    3#:~:text=At%20Tier%203%2C%20these%20students,no%20diagnostic%20label%20at
    %20all.

Cohen, E., & Kaufmann, R. (2005). *Early childhood mental health consultation* (DHHS Pub.
    No. CMHS-SVP0151). Rockville, MD: Center for Mental Health Services, Substance
    Abuse and Mental Health Services Administration.

Connors-Tadros, L., Northey, K., Frede, E., Hodges, K., & Jost, T. (April, 2021). *Effective state

offices of early learning: Structural features, enabling conditions and key functions in four states. New Brunswick, NJ: National Institute for Early Education Research.

Davis, A. E., Perry, D. F., & Rabinovitz, L. (2020). Expulsion prevention: Framework for the role of infant and early childhood mental health consultation in addressing implicit bias. *Infant Mental Health Journal, 41*, 327-339.

DeVore, S., & Bowers, B. (2006). Childcare for children with disabilities: Families search for specialized care and cooperative childcare partnerships. *Infants and Young Children 19*(3), 203-212.

DeVore, S., & Russell, K. (2007). Early childhood education and care for children with disabilities: Facilitating Inclusive Practice. *Early Childhood Education Journal, 35*(2),189-198.

Duran, F., Hepburn, K., Irvin, M., Kaufmann, R., Anthony, B., Horen, N., & Perry, D. (2009). What works? A study of effective childhood mental health consultation programs [Executive Summary]. Georgetown University Center for Child and Human Development. Retrieved March 15, 2021 from https://gucchd.georgetown.edu/products/FINAL%20formatted%20executive%20summay.pdf

Edge, N.A.C., Rose, A., Honeycutt, D., McKelvey, L., Swindle, T., Courson, D., & Forsman, J.A. (2018). Implementation of Arkansas's initiative to reduce suspension and expulsion of young children. *Journal of Early Intervention, 40*(4), 317 - 334.

Essa, E. L., Bennet, P. R., Burnham, M. M., Martin, S. S., Bingham, A., & Allred, K. (2008). Do variables associated with quality childcare programs predict the inclusion of children with disabilities. *Topics in Early Childhood Special Education, 28*, 171-180.

Ferguson, D. (2015). *Preventing preschool expulsion*. Child Care & Early Education Research Connections. Retrieved Feb. 15, 2021 from https://academiccommons.columbia.edu/doi/10.7916/d8-tfnj-7e10

Gilliam, W. S. (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. Foundation for Child Development. Retrieved Feb. 15, 2021 from https://www.fcd-us.org/prekindergartners-left-behind-expulsion-rates-in-state-prekindergarten-programs/

Gilliam, W. S. (2008). *Implementing policies to reduce the likelihood of preschool expulsion*. FCD Policy Brief No. 7: Advancing PK-3.

Gilliam, W. S., & Reyes, C. R. (2018). Teacher decision factors that lead to preschool expulsion. *Infants and Young Children, 31*(2), 93-108.

Gilliam, W. S., & Shahar, G. (2006). Preschool and child care expulsion and suspension:

Rates and predictors in one state. *Infants & Young Children, 19*(3). 228-245.

Gregory, A., Skiba, R. J., & Noguera, P. A. (2010). The achievement gap and the discipline gap: Two sides of the same coin? *Educational Researcher, 39*(1) 59-68.

Individuals with Disabilities Education Improvement Act (2004). USC 20 § 1400 et seq., Pub. L. No. 108-446.

Institute of Education Sciences. (2021). *Center- and program-level factors associated with turnover in the early childhood education workforce.*https://ies.ed.gov/ncee/edlabs/regions/northeast/pdf/REL_2021069.pdf.

Knoche, L., Peterson, C. A., Edwards, C. P., & Jeon, H. J. (2006). Child care for children with and without disabilities: The provider, observer, and parent perspectives. *Early Childhood Research Quarterly, 21*, 93-109.

Longstreth, S., Brady, S., & Kay, A. (2013). Discipline policies in early childhood care and education programs: Building an infrastructure for social and academic success. *Early Education and Development, 24*(2), 253-271.

Martin, K. A., Bosk, E., & Bailey, D. (2017). Teachers' perceptions of childcare and preschool expulsion. *Children & Society, 32*(2), 87-97.

Meek, S. E. & Gilliam, W. S. (2016). *Expulsion and suspension as matters of social justice and health equity.* Discussion Paper, National Academy of Medicine, Washington, D.C.https://nam.edu/wp-content/uploads/2016/10/Expulsion-and-Suspension-in-Early-Education-as-Matters-of-Social-Justice-and-Health-Equity.pdf.

Mitchell, S., Fonseca, M., & LaFave, A. (2016). *PDG TA: Suspension & expulsion in preschool development states: Policies and practices* (State Technical Assistance Report). https://files.eric.ed.gov/fulltext/ED583123.pdf.

National Association for the Education of Young Children (2016). Standing together against suspension & expulsion in early childhood: A joint statement. Retrieved on March 21, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/topics/Standing%20Together.Joint%20Statement.FINAL__9.pdf

National Center on Early Childhood Health and Wellness. (2019). Understanding and eliminating expulsion in early childhood programs. Retrieved on March 1, 2021 from https://childcareta.acf.hhs.gov/resource/understanding-and-eliminating-expulsion-early-childhood-programs

Nova, C. (2020, January). *The child care crisis disproportionately affects children with disabilities.* Center for American Progress. Retrieved March 5, 2021 from

https://www.americanprogress.org/issues/early-
childhood/reports/2020/01/29/479802/chil
d-care-crisis-disproportionately-affects-children-disabilities/

Odom, S. L., Buysse, V., Soukakou, E. (2011). Inclusion for young children with disabilities:
A quarter century of research perspectives. *Journal of Early Intervention, 33*(4), 344-356.

Power, K. (2020). The COVID-19 pandemic has increased the care burden of women and
families. *Sustainability: Science, Practice, and Policy, 16*(1), 67-73.

Regenstein, E. (2020). *Early childhood governance: Getting there from here*. Foresight Law +
Policy.
https://www.flpadvisors.com/uploads/4/2/4/2/42429949/flp_gettingtherefromhere_06112
0.pdf

Schachner, A., Belodoff, K., Chen, W. B., Kutaka, T., Fikes, A, Ensign, K., … Hardy, J.
(2016). Preventing suspensions and expulsions in early childhood settings: An
administrator's guide to supporting all children's success. Retrieved March 21, 2021
from
https://preventexpulsion.org/.

Stegelin, D. A. (2018). *Preschool suspension and expulsion: Defining the issues* (Issue Brief and
Policy Report). Institute for Child Success.
https://www.instituteforchildsuccess.org/themencode-pdf-
viewer/?file=https://www.instituteforchildsuccess.org/wp-content/uploads/2018/12/ICS-
2018-PreschoolSuspensionBrief-WEB.pdf

U.S. Department of Health and Human Services (2016). *Spotlighting progress in policies and
supports.*
*https://www.acf.hhs.gov/sites/default/files/documents/ecd/expulsion_resource_guide_11_
4_16_final.pdf.*

Waterman, I. C., & Gallo, A. (2021). *Characteristics of approved universal prekindergarten
programs in Vermont in 2018/19* (REL 2021-070). U.S. Department of Education,
Institute of Education Sciences, National Center for Education Evaluation and Regional
Assistance, Regional Educational Laboratory Northeast & Islands.
http://ies.ed.gov/ncee/edlabs.

Weglarz-Ward, J. M., & Santos, R. M. (2018). Parent and professional perceptions of
inclusion in childcare: A literature review. *Infants & Young Children, 31*(2), 128-143.

Weglarz-Ward, J. M., Santos, R. M., & Timmer, J. (2018). Factors that support and hinder
including infants with disabilities in child care. *Early Childhood Education Journal, 47*,
163-173.

Wesley, P. W., Buysse, V. & Skinner, D. (2001). Early interventionists' perspectives on

professional comfort as consultants. *Journal of Early Intervention, 24*, 112-128.

Whitebook, M., Phillips, D., & Howes, C. (2014). *Worthy work, STILL unlivable wages: The early childhood workforce 25 years after the National Child Care Staffing Study*. Berkeley, CA: University of California, Center for the Study of Child Care Employment. https://cscce.berkeley.edu/wp-content/uploads/2014/ReportFINAL.pdf.

Whitebook, M., Ryan, S., Kipnis, F., & Sakai, L. (2008). *Partnering for preschool: A study of center directors in New Jersey's mixed-delivery Abbott Program*. Berkeley, CA: University of California, Center for the Study of Child Care Employment. https://cscce.berkeley.edu/wp-content/uploads/2008/partnering_preschool_report08.pdf.

Zeng, S., Corr, C. P., O'Grady, C., & Guan, Y. (2019). Adverse childhood experiences and preschool suspension expulsion: A population study. *Child Abuse & Neglect, 97*, 104-149.

Zeng, S., Pereira, B., Larson, A., Corr, C. P., O'Grady, C., & Stone-MacDonald, A. (2021). Preschool suspension and expulsion for young children with disabilities. *Exceptional Children, 87*(2), 199-216.